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U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report

AMANA COMPANY LP
ROBERT A STEIFF
2800 220TH TRAIL
MIDDLE AMANA, IA 522040001

IOWA RCRA & STATE PROGRAM BRANCH
(RSP)FORM
ICIDENTIFICATION AND
CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		B. County Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
C. Site/company name Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		D. Has the site name associated with this EPA ID changed since 1995? <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
F. City, town, village Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		G. State Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/>	H. Zip Code Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Sec. II Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address		
C. City, town, village	D. State <input type="checkbox"/> <input type="checkbox"/>	E. Zip Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name Steiff	First name Robert	M.I. A	B. Title Supervisor Waste Treatment	C. Telephone Number 319 622-2175 Extension N/A
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Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name Larkin	First name Walter	M.I. J.	B. Title Vice President, Operations
C. Signature 			D. Date of signature 02 05 98 Month Day Year

RCRIS data entered
by J Cox Nowce
on 3/4/98

R00081829
RCRA Records Center

Over →

Sec. V Generator status. Instructions begin on page 8.	
A. 1997 RCRA generator status (CHECK ONE BOX BELOW) <input checked="" type="checkbox"/> 1 LQG <input type="checkbox"/> 2 SQG <input type="checkbox"/> 3 CESQG <input type="checkbox"/> 4 Non-generator (CONTINUE TO BOX B) } SKIP TO SEC. VI	B. Reason for not generating (CHECK ALL THAT APPLY) <input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY IN COMMENTS BOX BELOW)

Sec. VI On-site waste management status. Instructions page 10.	
A. Storage subject to RCRA permitting requirements <div>1</div>	B. Treatment, disposal, or recycling subject to RCRA permitting requirements <div>1</div>

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2800 220TH TRAIL

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IOWA RCRA & STATE PROGRAM BRANCH



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12)				
Toxic liquid - ION Exchange water containing chromium used prior to painting						
B. EPA hazardous waste code (page 12)		D 10 10 17		I N I / I A		C. State hazardous waste code (page 13)
		I N I / I A		I N I / I A		
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)	
3 16 13 12	1 System Type M	A 2 9	1	B 1 1 14	2	

Sec. II		A. Quantity generated in 1997 (page 15)		B. UOM (page 15)	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
		2 4 1 7 5 2 0 0 . 0		5 Density 8 3 4 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)	On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)
M 1 3 6	1 0 0 9 2 0 0 . 0	M	

Sec. III				
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
		M		
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
		M		
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
		M		

Comments:

Reference Sec. 1, Box F, final DI rinse prior to paint.

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1997 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Chrome seal prior to paint, mixture of chrome and water, chrome containing liquid.				
	B. EPA hazardous waste code (page 12) D 0 0 7 N / A N / A N / A		C. State hazardous waste code (page 13) _ _ _ _ _		
D. SIC code (page 13) 3 6 1 3 1 2	E. Origin code (page 13) System Type M _ _ _	F. Source code (page 14) A 2 9	G. Point of measurement (p. 14) 2	H. Form code (page 14) B 1 0 3	I. RCRA-radioactive mixed (page 14) 2

Sec. II	A. Quantity generated in 1997 (page 15)	B. UOM <u>L5</u> (page 15) Density <u>8.34</u> <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
	<u>116400</u> . <u>0</u>		<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)	On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)
[M][1][3][6]	[][][][1][1][6][4][0][0] . [0]	[M][][][]	[][][][][][][][][][][] . []

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div>	C. System type shipped to (p. 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div>	D. Off-site availability code (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div>	E. Total quantity shipped in 1997 (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div>	C. System type shipped to (p. 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div>	D. Off-site availability code (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div>	E. Total quantity shipped in 1997 (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div>	C. System type shipped to (p. 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div>	D. Off-site availability code (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div>	E. Total quantity shipped in 1997 (page 17) <div style="border-bottom: 1px solid black; width: 100%; height: 1em;"></div>	

Comments:

Reference Sec. 1, Box F, chrome seal prior to painting.

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Instructions: Please see the detailed instructions on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12) Toxic - spent solids containing chromium from a waste Water De-Ionization system				
B. EPA hazardous waste code (page 12) D 0 0 7 N / A N / A N / A		C. State hazardous waste code (page 13) [] [] [] [] [] [] [] [] [] []				
D. SIC code (page 13) 3 6 3 2	E. Origin code (page 13) 1 System Type M [] [] []	F. Source code (page 14) A 5 5	G. Point of measurement (p. 14) 2	H. Form code (page 14) B 3 1 0	I. RCRA-radioactive mixed (page 14) 2	
Sec. II		A. Quantity generated in 1997 (page 15) [] [] [] [] [] [] 3 6 5 . 0				
B. UOM (page 15) 1 Density [] [] [] [] <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)				
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16) M [] [] []		Quantity treated, disposed, or recycled on site in 1997 (page 16) [] [] [] [] [] [] [] [] [] []		On-site process system type (page 16) M [] [] []		Quantity treated, disposed, or recycled on site in 1997 (page 16) [] [] [] [] [] [] [] [] [] []
Sec. III						
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)						
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) I I I D I 0 0 0 0 6 0 8 4 7 1	C. System type shipped to (p. 17) M 0 6 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] 2 1 9 . 0		
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) I I N D I 0 1 1 6 6 2 1 4 7 6	C. System type shipped to (p. 17) M 1 4 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] 1 4 6 . 0		
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) [] [] [] [] [] [] [] [] [] []	C. System type shipped to (p. 17) M [] [] []	D. Off-site availability code (page 17) []	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] [] [] [] []		

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Sec. I					
A. Waste description (page 12) Toxic - Discontinued use/maintenance of equipment containing mercury.					
B. EPA hazardous waste code (page 12) D 0 0 9 N / A			C. State hazardous waste code (page 13) 		
D. SIC code (page 13) 3 6 3 2	E. Origin code (page 13) 1 M	F. Source code (page 14) A 1 5 1 6	G. Point of measurement (p. 14) 1	H. Form code (page 14) B 3 1 9	I. RCRA-radioactive mixed (page 14) 2

Sec. II	
A. Quantity generated in 1997 (page 15) 16 12 10 10	B. UOM (page 15) 1 Density . <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16) 	On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16)

Sec. III				
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) P A D 0 0 2 3 9 0 9 6 1	C. System type shipped to (p. 17) M 10 1 1 2	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) 4 0 0 10
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) I N D 0 1 6 6 2 1 4 7 6	C. System type shipped to (p. 17) M 1 1 4 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) 2 0 0 10
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) I L D 0 0 0 6 0 8 4 7 1	C. System type shipped to (p. 17) M 1 1 4 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) 2 10 10

Comments:

Reference Sec. I, Box H, Scrap/Broken equipment containing mercury.

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Instructions: Please see the detailed instructions on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I		A. Waste description (page 12) Toxic - spent cleaning liquids containing chromium from annual paint departments parts washer cleaning				
B. EPA hazardous waste code (page 12) D 0 0 7 N / A		C. State hazardous waste code (page 13) [] [] [] [] [] [] [] [] [] []				
D. SIC code (page 13) 3 6 3 2	E. Origin code (page 13) 1	F. Source code (page 14) A 0 9	G. Point of measurement (p. 14) 1	H. Form code (page 14) B 1 1 3	I. RCRA-radioactive mixed (page 14) 2	
Sec. II		A. Quantity generated in 1997 (page 15) [] [] [] [] 2 3 2 0 0 0		B. UOM (page 15) 5 Density [] 8 [] 3 6 X 1 lbs/gal [] 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) [] 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) X 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16) M		Quantity treated, disposed, or recycled on site in 1997 (page 16) [] [] [] [] [] [] [] [] [] []		On-site process system type (page 16) M		Quantity treated, disposed, or recycled on site in 1997 (page 16) [] [] [] [] [] [] [] [] [] []
Sec. III						
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) X 1 Yes (CONTINUE TO BOX B) [] 2 No (FORM IS COMPLETE)						
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) I 4 D 0 0 0 0 6 0 8 4 7 1	C. System type shipped to (p. 17) M 0 7 7	D. Off-site availability code (page 17) []	E. Total quantity shipped in 1997 (page 17) [] [] [] [] 2 3 2 0 0 0		
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) [] [] [] [] [] [] [] [] [] []	C. System type shipped to (p. 17) M [] [] []	D. Off-site availability code (page 17) []	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] [] [] [] []		
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) [] [] [] [] [] [] [] [] [] []	C. System type shipped to (p. 17) M [] [] []	D. Off-site availability code (page 17) []	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] [] [] [] []		

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Sec. I A. Waste description (page 12)					
Lab pack waste					
B. EPA hazardous waste code (page 12)			C. State hazardous waste code (page 13)		
D 0 0 1 F 0 0 3 L A B B N / A N / A					
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
3 6 3 2	System Type M	A 5 1 8	3	B 0 0 1 3	2

Sec. II A. Quantity generated in 1997 (page 15)		B. UOM (page 15)	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
1 2 5 0 3 . 0		Density □ 1 lbs/gal □ 2 sg	<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)	On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)
M		M	

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)				
<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
	I I D 0 0 0 6 0 8 4 7 1 1	M 0 6 1 1	1	1 5 9 0 1 3 . 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
	I N D 0 1 6 6 2 1 4 7 6	M 1 4 1 1	1	2 3 1 5 . 0
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
	I N D 9 8 0 5 9 0 9 4 7	M 0 6 1 1	1	4 2 8 5 . 0

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Sec. I					
A. Waste description (page 12) Scrap fluorescent light bulbs, mercury containing solids.					
B. EPA hazardous waste code (page 12) D 0 0 9 N / A			C. State hazardous waste code (page 13) 		
D. SIC code (page 13) 3 6 3 2	E. Origin code (page 13) 1	F. Source code (page 14) A 9 2	G. Point of measurement (p. 14) 1	H. Form code (page 14) B 3 1 9	I. RCRA-radioactive mixed (page 14) 2

Sec. II		A. Quantity generated in 1997 (page 15) 1 9 6 1 0		B. UOM (page 15) 1 Density .	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
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ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16) 	On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16)

Sec. III				
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) I N D 0 1 6 6 2 1 4 7 6	C. System type shipped to (p. 17) M 1 4 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) 1 9 6 1 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) 	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) 	E. Total quantity shipped in 1997 (page 17)
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) 	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) 	E. Total quantity shipped in 1997 (page 17)

Comments:

Reference Sec. I, Box H, scrap fluorescent light bulbs.

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RCRA & STATE PROGRAM DIVISION

Instructions: Please see the detailed instructions on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I					
A. Waste description (page 12) Sodium salts solids from paint stripping in the paint department. Contains chrome, mixture of paint pigments and sodium salts.					
B. EPA hazardous waste code (page 12) D1007 N/A			C. State hazardous waste code (page 13) [] [] [] [] [] [] [] []		
D. SIC code (page 13) 3632	E. Origin code (page 13) M	F. Source code (page 14) A01	G. Point of measurement (p. 14) 1	H. Form code (page 14) B3115	I. RCRA-radioactive mixed (page 14) 2

Sec. II	
A. Quantity generated in 1997 (page 15) [] [] [] [] 3 4 5 0 0 0	B. UOM (page 15) 1 Density [] [] [] [] <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16) [] [] [] [] [] [] [] []	On-site process system type (page 16) M	Quantity treated, disposed, or recycled on site in 1997 (page 16) [] [] [] [] [] [] [] []

Sec. III				
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) I L D 0 0 0 6 0 8 4 7 1	C. System type shipped to (p. 17) M 1 1 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) [] [] [] [] 3 3 0 0 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) I N D 0 1 6 6 2 1 4 7 6	C. System type shipped to (p. 17) M 1 4 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) [] [] [] [] 3 1 1 2 0 0 0
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) [] [] [] [] [] [] [] []	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) []	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] [] []

Comments:

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FORM
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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I					
A. Waste description (page 12)					
Off spec. paint from painting of parts, flammable liquids, waste paint					
B. EPA hazardous waste code (page 12)		D 0 2 2 D 0 0 1		C. State hazardous waste code (page 13)	
D 0 1 8 D 0 3 5 D 0 4 0					
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
3 6 3 2	1 M	A 2 1	2	B 2 0 9	2

Sec. II		A. Quantity generated in 1997 (page 15)		B. UOM (page 15)		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)	
		1 1 9 1 0 5 0		1		<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
		Density		1 1			
				□ 1 lbs/gal □ 2 sg			

ON-SITE PROCESS SYSTEM 1				ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1997 (page 16)		On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1997 (page 16)	
M 0 3 2		1 9 8 5 0 0		M			

Sec. III				
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)				
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
	I L D 0 0 0 6 0 8 4 7 1	M 0 6 1	1	8 7 2 2 5 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
	I N D 0 1 6 6 2 1 4 7 6	M 1 4 1	1	1 2 0 3 0 0
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
		M		

Comments:

Reference Sec. 1, Box B, F002, F003, F005. Reference Sec. II, Box On-Site Process System 1, tinting and blending of paint.

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WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Flammable - spent solvent from painting operation mixture of xylene and other solvents.					
	B. EPA hazardous waste code (page 12) D 0 0 1 D 0 0 5 F 0 0 3 F 0 0 5 D 0 1 8			C. State hazardous waste code (page 13) _ _ _ _ _ _ _ _ _ _		
D. SIC code (page 13) 3 6 3 2	E. Origin code (page 13) 1 System Type M _ _ _ _	F. Source code (page 14) A 2 1	G. Point of measurement (p. 14) 2	H. Form code (page 14) B 2 0 3	I. RCRA-radioactive mixed (page 14) 2	

Sec. II	A. Quantity generated in 1997 (page 15)	B. UOM <u> 1 </u> (page 15) Density <u> </u> . <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
	<u> 6 6 0 1 5 </u> . <u> 0 </u>		<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)	On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)
[M] [] [] []	[] [] [] [] [] [] [] [] . []	[M] [] [] []	[] [] [] [] [] [] [] [] . []

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)				
	<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>I I L D</u> <u>0 0 0 0</u> <u>6 0 8</u> <u>4 7 1</u>	C. System type shipped to (p. 17) <u>M 0 6 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u> </u> <u>3 7 7 1 6</u> <u>0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u>I I N D</u> <u>0 1 6</u> <u>6 2 1</u> <u>4 7 6</u>	C. System type shipped to (p. 17) <u>M 1 4 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u> </u> <u>1 8 4 0 9</u> <u>0</u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u>I I N D</u> <u>9 8 0</u> <u>5 9 0</u> <u>9 4 7</u>	C. System type shipped to (p. 17) <u>M 0 6 1</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u> </u> <u>9 8 9 0</u> <u>0</u>	

Comments:

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Instructions: Please see the detailed instructions on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Flammable solids from cleaning of parts in plastic department and sealant removal in microwave department - solvent soaked rags.				
B. EPA hazardous waste code (page 12) D 0 0 1 D 0 1 8 F 0 0 3 F 0 0 5 N / A		C. State hazardous waste code (page 13) [] [] [] [] [] [] [] [] [] []			
D. SIC code (page 13) 3 6 3 2	E. Origin code (page 13) 1 System Type M [] [] []	F. Source code (page 14) A 2 1 1	G. Point of measurement (p. 14) 2	H. Form code (page 14) B 4 0 1 9	I. RCRA-radioactive mixed (page 14) 12

Sec. II	A. Quantity generated in 1997 (page 15) [] [] [] [] [] [] 3 4 0 . 0	B. UOM (page 15) 1 Density [] [] . [] [] <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
----------------	--	--	--

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) M [] [] []	Quantity treated, disposed, or recycled on site in 1997 (page 16) [] [] [] [] [] [] [] [] [] []	On-site process system type (page 16) M [] [] []	Quantity treated, disposed, or recycled on site in 1997 (page 16) [] [] [] [] [] [] [] [] [] []

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) I L D 0 0 0 6 0 8 4 7 1	C. System type shipped to (p. 17) M 0 6 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] 2 0 4 . 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) I N D 0 1 6 6 2 1 4 7 6	C. System type shipped to (p. 17) M 1 4 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] 6 8 . 0
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) I N D 9 8 0 5 9 0 9 4 7	C. System type shipped to (p. 17) M 0 6 1	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] 6 8 . 0

Comments:

Reference Sec. I, Box H, rag soaked with non-halogenated solvent

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FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I A. Waste description (page 12)					
Combustible - spent solvent from cleaning parts, petroleum naptha					
B. EPA hazardous waste code (page 12)		C. State hazardous waste code (page 13)			
D10101 D10118 D039 N/A N/A					
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
3632	System Type M	A04	2	B211	2

Sec. II A. Quantity generated in 1997 (page 15)		B. UOM (page 15)	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
421.0		5	
		Density 16.67	
		<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> 2 sg	
		<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)	
		<input checked="" type="checkbox"/> No (SKIP TO SEC. III)	

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)	On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)
M		M	

Sec. III A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)				
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
	IAD 022 365 480	M024	1	421.0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
		M		
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
		M		

Comments:

Reference Sec. III, Box. C, vacuum distillation

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WASTE GENERATION AND MANAGEMENT

IOWA RCRA & STATE PROGRAM BRANCH
(R33)

Instructions: Please see the detailed instructions on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Ion exchange of well water for rinsing of parts prior to painting, corrosive liquid					
	B. EPA hazardous waste code (page 12) D101012 2 N / A N / A N / A N / A			C. State hazardous waste code (page 13) _ _ _ _ _ _ _ _		
D. SIC code (page 13) 3 6 3 2	E. Origin code (page 13) 1 System Type M _ _ _	F. Source code (page 14) A 0 6	G. Point of measurement (p. 14) 2	H. Form code (page 14) B 1 1 9	I. RCRA-radioactive mixed (page 14) 2	

Sec. II	A. Quantity generated in 1997 (page 15)	B. UOM <u>L5</u> (page 15) Density <u>18</u> . <u>1314</u> <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
	<u>1</u> <u>1</u> <u>1</u> <u>4</u> <u>6</u> <u>7</u> <u>2</u> <u>5</u> <u>0</u> . <u>10</u>		<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)	On-site process system type (page 16)	Quantity treated, disposed, or recycled on site in 1997 (page 16)
[M] 13 16	4 16 7 2 5 10 . 10	[M] _____	_____ . _____

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <input type="checkbox"/> M _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <input type="checkbox"/> M _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <input type="checkbox"/> M _____	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____

Comments:

Reference Sec. I, Box H, spent acid and caustic liquids from ion exchange column

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WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I					
A. Waste description (page 12) Toxic - off spec. material containing methylene chloride from urethane foaming department					
B. EPA hazardous waste code (page 12) F 0 0 2 N / A I N I / A I N I / A I N I / A			C. State hazardous waste code (page 13) [] [] [] [] [] [] [] [] [] []		
D. SIC code (page 13) 3 6 3 2	E. Origin code (page 13) [] [] System Type M [] [] []	F. Source code (page 14) A 5 8	G. Point of measurement (p. 14) [] []	H. Form code (page 14) B 2 0 2	I. RCRA-radioactive mixed (page 14) [] []

Sec. II	
A. Quantity generated in 1997 (page 15) [] [] [] [] 2 0 0 0 . 0	B. UOM (page 15) [] [] Density [] [] [] [] <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) M [] [] []	Quantity treated, disposed, or recycled on site in 1997 (page 16) [] [] [] [] [] [] [] [] [] []	On-site process system type (page 16) M [] [] []	Quantity treated, disposed, or recycled on site in 1997 (page 16) [] [] [] [] [] [] [] [] [] []

Sec. III				
A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) O H D 0 0 0 8 1 6 6 2 9	C. System type shipped to (p. 17) M 0 6 1	D. Off-site availability code (page 17) [] []	E. Total quantity shipped in 1997 (page 17) [] [] [] [] 2 0 0 0 . 0
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) [] [] [] [] [] [] [] [] [] []	C. System type shipped to (p. 17) M [] [] []	D. Off-site availability code (page 17) [] []	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] [] [] [] []
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) [] [] [] [] [] [] [] [] [] []	C. System type shipped to (p. 17) M [] [] []	D. Off-site availability code (page 17) [] []	E. Total quantity shipped in 1997 (page 17) [] [] [] [] [] [] [] [] [] []

Comments:

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FORM
 OI

OFF-SITE
 IDENTIFICATION

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter I A D 0 2 2 3 6 5 4 8 0	B. Name of off-site installation or transporter Northland Products Company
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 1000 Rainbow Drive City Waterloo State I A Zip 510171014-

Site 2	A. EPA ID No. of off-site installation or transporter P A D 0 0 2 3 9 0 9 6 1	B. Name of off-site installation or transporter Bethlehem Apparatus Company, Inc.
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 890 Front Street City Hellertown State P A Zip 118101515-

Site 3	A. EPA ID No. of off-site installation or transporter O H D 0 0 0 8 1 6 6 2 9	B. Name of off-site installation or transporter Spring Grove Resource Recovery
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 4879 Spring Grove Avenue City Cincinnati State O H Zip 41521312-

Site 4	A. EPA ID No. of off-site installation or transporter M A D 0 3 9 3 2 2 2 5 0	B. Name of off-site installation or transporter Clean Harbors Env. Services
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street N/A City N/A State Zip -

Site 5	A. EPA ID No. of off-site installation or transporter I N D 9 8 0 5 9 0 9 4 7	B. Name of off-site installation or transporter Environmental Services of America IN, Inc.
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 604 South Scott Street City South Bend State I N Zip 46601-

Comments:

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OIOFF-SITE
IDENTIFICATION

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter I N D 0 1 6 6 2 1 4 7 6	B. Name of off-site installation or transporter Ashland Chemical Company
--------	--	---

C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation	
	Street 1817 West Indiana Ave.	
	City South Bend	State I N
	Zip 4 6 6 1 3 -	

Site 2	A. EPA ID No. of off-site installation or transporter I L D 0 0 0 6 0 8 4 7 1	B. Name of off-site installation or transporter Clean Harbors Services, Inc.
--------	--	---

C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation	
	Street 11800 South Stony Island Avenue	
	City Chicago	State I L
	Zip 6 0 6 1 7 -	

Site 3	A. EPA ID No. of off-site installation or transporter M I O I D 0 9 5 0 3 8 9 9 8	B. Name of off-site installation or transporter Tri-State Motor Transit Co.
--------	--	--

C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation	
	Street N/A	
	City	State
	Zip -	

Site 4	A. EPA ID No. of off-site installation or transporter U I T I D 9 8 1 5 5 2 4 2 5	B. Name of off-site installation or transporter SLT Express, Inc.
--------	--	--

C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation	
	Street N/A	
	City	State
	Zip -	

Site 5	A. EPA ID No. of off-site installation or transporter I O H I D 0 0 9 8 6 5 8 2 5	B. Name of off-site installation or transporter Dart Trucking Co., Inc.
--------	--	--

C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation	
	Street N/A	
	City	State
	Zip -	

Comments:

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Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter I L D 9 8 4 7 7 5 0 4 9	B. Name of off-site installation or transporter OZinga Transportation
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation Street _____ City N/A State ____ Zip _____		

Site 2	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation Street _____ City _____ State ____ Zip _____		

Site 3	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation Street _____ City _____ State ____ Zip _____		

Site 4	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation Street _____ City _____ State ____ Zip _____		

Site 5	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	
D. Address of off-site installation Street _____ City _____ State ____ Zip _____		

Comments: